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May, 1932



Manitoba Medical Association

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The Manitoba Medical Bulletin

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On Charity

Charity Begins at Home—But Where is it Going to End?

On this particular occasion the Man-with-a-Grievance was late for tea. In the absence of any widely known catastrophe, this was a justifiable reason for surprise among the assembled company. After he had poured his tea he was asked by someone to explain the unusual fact that he was late and He finally explained to us that he was really also apparently annoved. annoyed with himself because, as he put it, he had allowed himself to try to teach something to a confirmed idiot. This was really his way of saving that he had been drawn into a discussion with someone with whom he had disagreed. It seemed that he had been talking to one of those Professional Uplifters who, with the exception of Prohibitionists, were his most striking aversion. This person, we learned, had had the hardihood to suggest to the Man-with-a-Grievance that all medical services should be directed by a group of people who had particular experience in Social Service Work. The plan, it seemed, in essence was that the expectant mother was to be cared for and visited by a pre-natal nurse, and referred, when necessary or in other words when the nurse considered it necessary, to an obstetrician. She was ultimately to be admitted to hospital for delivery, and after discharge from hospital was to be visited by a post-natal nurse and report again when necessary to the doctor. The child was also to be commandeered by a child health nurse who would supervise its feeding and bring it along to the pediatrician from time to time. From here on the process was to be continued from the cradle to the grave, with constant supervision of the citizen by a succession of maternity, infant and what-not nurses. Then we would have reached the point where a body of people, who had started out to be an auxiliary organization, would end up by being in control of the whole structure -another example of the tail that wagged the dog. As the Man-with-a-Grievance expressed it, we were to have the whole fertile population under the thumb or thumbs of a collection of bureaucratic officials.

The situation was amusing for two reasons. In the first place the proposals were so bizarre as to be amusing, and in the second place the idea of anyone being so reckless as to give the Man-with-a-Grievance an opportunity to develop one, was also sufficient cause for surprise and mirth.

The Strong Silent One attempted to adopt a detached attitude by remarking that the proposals that had been put forward by the *Uplifters* were radical, not so much in their principle, but rather in their extent. The Cynic then proceeded to point out that the rather fine, but withal perfectly logical, differentiation that had been made out by the Strong Silent One was not the important point. What really mattered was the fact that the chimeric plans of the *Uplifter* had shown us, in all its stark and forbidding nakedness, the ultimate form of the fantastic structure that was actually being reared in our midst.

Following these two interruptions, the Man-with-a-Grievance began to really hit his stride. He went on to point out that most of the mistakes in history had been made by people presuming that they could improve on the ordinary course of natural development. An enthusiastic person with a limited outlook would suddenly discover to his own satisfaction that he had found the formula which would rid the world of all its fundamental difficulties. He would gather about him other enthusiasts and, by a process of wangling

made easy by the apathy of the general run of people, foist his fantastic schemes on to an unsuspecting country. Once started, any such system was difficult to control. It gathered momentum as it went along. Finally, when it had rolled relentlessly on to its ultimate fantastic absurdity, the resulting reaction developed and the helpless dupes were left to pay the penalty and try to restore order out of the resulting chaos. It was by just such a fantastic process that the Military Junkers set Prussia on its absurd path to ruin and finally brought almost all the countries of Europe to destruction and shook ultimately to its very foundations the political and economic structure of the whole world. To a lesser degree a somewhat similar condition has developed in the case of prohibition. An attempt had been made to forcibly change the established habits of a large minority of the people. The attempt finally had to be abandoned and a more moderate form of control instituted. And vet the bad reactions resulting from this unsuccessful enterprise were still being felt in this country. The Man-with-a-Grievance alleged that among other things prohibition had been responsible for perverting the drinking habits of the younger generation and seemed to suggest that before this time no voungster had ever carried his liquor other than as a gentleman should. Of course, as he warmed to his task, his emphasis became rather more apparent than his logic as is usual during such an harangue.

The Man-with-a-Grievance proceeded and pointed out that, in the case of Medical Services, all these bureaucratic systems in their development had absorbed most of the charitable organizations started by private persons or groups of persons. In some cases these charities had been started by people who found no natural and direct outlet for their latent energies. The present organizations still attracted to their ranks many people of this type, but, with our modern habit of trying to alter or conceal facts by changing their names, few activities were now referred to as charities. They were varnished over with meaningless terms of Public Welfare or Social Services. Further, few of the services and little of the money spent was voluntarily contributed. In fact what really constituted a new vocation had been developed as the result of the increase in these services. The Man-with-a-Grievance compared the modern professional social worker to the professional mourners found in The salaries paid to these people were equal to if not better than those which they would be liable to earn in any other calling. In the case of the finances a great deal of the money was at present contributed either directly or indirectly by the taxpayer. The only real charity was contributed by the free services of the Medical Profession, and yet they seemed incapable of recognizing this fact.

As the Man-with-a-Grievance continued, he appeared to prove with rather sketchy but, to the uncritical listener, relentless logic, that if we continued with the present process of increasing so-called Social Services we would end by having the whole of the active, virile and self-supporting portion of the population paying out the result of its hard labours to support a pampered and useless collection of sociological misfits under the control of a large army of governmental or semi-official autocrats. He alleged that, even at the present time, the process had progressed much further than the average person realized. The system was rather like an innocent tumour which had been ignored until it was beginning to assume a malignant character and had started to increase in size, infiltrate, permeate and form metastasis throughout the whole social fabric and was beginning to choke the very life out of the economic structure of the country. The time was not far distant when the greatest asset a man could have would be the inability to look after his own affairs. This state would automatically result in his being cared for in a

way that would make the most favoured aristocracy in history appear by comparison as mere beggars. He suggested that the process would continue until the poor taxpayer who was supporting this useless structure rebelled, and the misfits and the officials would be thrown out together. Then, all the really useful charities that had been developed might be lost along with the ridiculous ones and we might have to start from the bottom and build up the whole structure again.

Of course the harangue of the Man-with-a-Grievance was interspersed freely with quotations from authorities and statistics as to taxation and expenditures of government and semi-public bodies. It was all relentless, like the pouring out of the wrath accumulated by long brooding. No one interrupted until he finally paused for breath.

The Cynic had listened to this oration with patience and evident interest, and although he seemed to be amused by the hyperbole of the speaker he obviously agreed with the principles of his argument. He suggested that, although the enthusiastic supporters of welfare work might or might not be wrong in their objective, their good intentions were indisputably genuine in most cases. Further, the Medical Profession probably as much as any other group of the people were guilty of neglecting to keep many of these developments within reasonable proportions because many of these activities concerned their work. Without the misguided co-operation of the medical profession most of these services could not be continued. Therefore since they were largely responsible for these activities the profession even if it had not the common sense to see that its own interests were safeguarded at least had a. responsibility to the general body of the people. They should insist on maintaining a controlling influence in these institutions to see that these activities were kept within the bounds of what was economically sound and reasonable. While these services were run as purely voluntary charities, a check was naturally kept on their progress. Now this was removed, for many people controlling them derived their living from so doing and naturally wanted to see them increase. The efficiency of social workers should be judged by their success in helping a family to so improve their position that they would no longer require the assistance of private or public charity. should find them reporting that in the case of a given institution that whereas last year fifty families had required assistance, this year they had been able to aid these people in such a way that only forty required charity. Instead we find them gloating over the fact that the number of dependents has been increased to seventy-five. Of course this increase served to make the economic position of the social worker more secure. In allowing the system to get out of its control and into the hands of professional social workers the profession was neglecting its duty both to the patients and to the general Had these services been put on an insurance basis when an attempt was made to make them universal, their growth would have been automatically controlled by the necessities of the case. Between his usual puffy interruption in lighting his pipe, he also suggested that the ultimate end might not be so tragic as the Man-with-a-Grievance prophesied. We were fortunate in this country in the time at which all this was occurring. For the first time in many years thousands of people were beginning to realize that the government's money was the taxpayer's money and to examine with a critical eye the customary attempts of the politicians to be generous with the taxpayer's hard earned money. And all these services cost money and we were living at a time when the general body of citizens was beginning to ask by whom they themselves were to be supported after the tax-gatherer had filtched them of their last hard-earned penny to use as a subsidy for idleness and inefficiency. Therefore, we were, so far as this matter was concerned, living in a fortunate

age because the unnatural process was likely to be arrested by the force of circumstances before it proceeded much further.

The discussion might have been continued indefinitely had not the Timid One risen to get his coat and hat. Someone asked casually why he was in such a hurry. He replied that he was off to the hospital to do his usual free clinic. At which point the Cynic remarked that he had to return to his practice, although he believed that most of the work he might do would likely end up by being free also.

Medical Economics(3)

By R. E. COLEMAN, M.B.

SIGNIFICANCE OF LOST PAY

Balancing the Budget is the by-word of today. Actually balancing the budget is an acquired human trait and very much acquired at that. It would seem that only dire necessity will force us to do it. Our natural instinct is to try to acquire all that is apparently attainable at a minimum of cost often regardless of present or future cost. If the present cost is excessive we reluctantly forego our desire. If the future cost promises to be excessive only experience and superior intelligence will check us. There was a time on this continent, and not so very long ago, when many business men carried on with a book-keeping system consisting of a cheque-book only. This system was easy and pleasant, but when depression came and previous margins of profit were cut way down, most of the businesses run in this manner failed. Those who did survive did so by balancing their books, and balancing their books simply consisted of adding up all their assets and all their liabilities. and comparing the two totals. To their surprise these cheque-book business men found that there were many items of profit and many items of loss which did not show in the cheque-book. For example, a property bought for \$1,000.00 which depreciates 25 per cent, does not show the loss in the cheque-book. In short these business men had devised a very accurate measuring rod in their cheque-books, but it did not cover the entire field. They were like the carpenter who was asked to make a measurement. When he returned he reported that the length was twice the ruler, plus two spans of his hand, plus the breadth of his hand, less the width of his thumb. The carpenter was probably taught his lesson by being discharged. The cheque-book business men were taught their lesson by failure. The medical profession will also be taught by failure, so it behooves us to balance our budget. The carpenter's error was due to his not using an accurate measuring rod throughout. We must, therefore, select a measuring rod that can be carried through all of the necessary manipulations.

The first and major problem is to select a unit of measurement of the cost of the article that the physician sells. Also we must decide at what point to commence the measurement.

What we wish to determine is the real private cost. That is the financial equivalent of the private enterprise represented by the average physician. The cost of the state will be left for a later discussion. Nor will we now discuss ultimate costs, but will content ourselves with a point of departure. We have chosen for this point of departure that stage in the life of a boy when private enterprise is first called upon to initiate and finance the pro-

spective future physician. Up to the age of 16 a boy is compelled to attend school and the parents or guardians are compelled to finance him. After his 16th birthday private enterprise must pay emotionally and financially to keep him at school. From now on the business world beckons with no uncertain hand. She says, "You work for me and I will give you real money. The money that I give you is yours to do with as you like. There will be no strings to it. You will be able to buy your own smokes. You can buy a bicycle on the instalment plan. You can buy your mother a present. You can pay your younger brother to do all your chores for you. You can take the girls to the movies. You will be a man, working with men in a world of men. You will be able to see real life. You may become a millionaire. In short you will be really living now."

Contrast this with the boy who stays at school to become a physician. The student will have no money to spend that has not very definite strings attached to it. Each sum that is given to him will be given to him for a definite purpose, not to do with as the spirit moves him. His father buys him a bicycle and it is with his father's money that the boy buys his mother's present. He can only get money to take out the girls of whom his mother approves. His daily contacts are with boys of his own age and his contacts with adults (teachers) are in no manner on a basis of equality. None of his associates even hints that he is a man now. His evenings are not free. In essence he resigns his freedom, which at that time means really living. At no time in the future will he crave freedom as much as he does right then, for the acceptance of restrictions grows very slowly with age and by bitter experiences. So it is true that the lost pay at this time is a real loss.

Just here some might question the reality of this loss, citing the example of boys and associates whose contacts are all going to school and who deny that any of the losses mean anything to them, but such comparisons are fundamentally in error, both economically and psychologically. exchanges are by their very nature based upon a competitive market. fore the above comparison is only possible in a competitive market. comparison must be made between two boy friends whose courses differ at this point. Under such conditions observation will soon show that the loss is very acutely appreciated by the boy who remains at school. The comparison with the boy who is unconscious of his loss is also invalid, because the modern student of personality is only too familiar with the fact that there may be marked symptoms of repressions, along with complete absence of consciousness of their origin or even of their existence. There are many things in student life which more than indicate that as a group they are far from symptomless. To cite common types we have the markedly shut-in students, the explosions in pranks, and the ease with which revolutionary ideas take hold of student bodies the world over.

That is, the prospective medical student has to a very large extent, to forego the pleasures of living today in the form of self expression, leisure, independence, satisfaction of the mating instincts and self respect. What is the reward pictured to him which is to compensate for his loss? For such losses can-not be made acceptable without future promises, (As he reads the following list of promises the older physician will be able to evaluate the degree of fulfilment realized.) He is promised the pleasure of doing the work that he thinks he will like. In estimating the degree of fulfilment it should not be overlooked that one prerequisite for pleasure in one's work is the time and opportunity to do oneself justice. Nor should it be overlooked that any work that calls for judgment requires a certain amount of leisure for meditation and outside reading to render it satisfying. The boy is also promised

financial security, and at least a good living. He will be surrounded by grateful patients who will pay their bills out of gratitude. There will be enough of these grateful patients so that he will not need to bother about all of the indigent and non-pay patients that he will have to treat. His recompense will be proportional to the quality of his work. He will be looked up to by the community generally. In a general way this is the nature of the promises by means of which the medical student is induced to ignore the beckoning hand of industry. In a sentence, he chooses the joys of really living in the future in exchange for the joys of really living now. Do his financial returns as a physician enable him to realize these promises?

To try to find the financial equivalent of such losses and such promises seems at first glance to be hopeless. The paltry sum that the boy loses seems insignificant, in comparison. There are two thoughts, however, that help us to bridge the gap. One is that all financial exchanges are in the last analysis based upon emotions. For example, whether or not a man buys a suit of clothes is almost entirely a balancing of emotional values. Whether or not he has the money to buy the suit is almost entirely the product of previous balancing of emotions. Emotions may even lead him to undertake the purchase of a suit when he has neither the money nor the prospect of getting the money. Actually, financial exchanges are the sole means we have for getting numerical expressions for human emotions. Viewed individually, as in the above example of lost pay, they seem at first to be impossible of any scientific colleration, but viewed statistically order begins to manifest itself, as will be found all through our study of medical economics. The other thought that will help us to bridge this gap between the lost pleasures and the lost pay is the absolute differences between a small quantity and nothing. The mathematicians recognize that any measurable quantity no matter how small is infinitely greater than zero. In physiology we have somewhat the same idea in our term "threshold." For example we speak of the kidney threshold for sugar in the blood. We mean by that, that until the sugar in the blood reaches a certain concentration the kidneys do not excrete it in significant quantities. Below this minimal concentration we can demonstrate presence of sugar in the blood chemically, but we might say that the kidneys do not demonstrate it in the urine. Statistically we know within a comparatively narrow range what this minimal concentration is for the human race but we can not predict it for the individual. When we turn to the nervous system, which is more closely associated with the emotional life of the individual with its financial equivalents, we find the same "threshold of stimulation." Here again we can not predict the threshold for a given individual, but we do know many ranges for the human race; for example the intensity of electrical current to produce a given muscular contraction.

Returning then to our problem of the present financial equivalent of the emotional losses accepted by the boy who has elected to study medicine, we have in his lost pay a measurable quantity which mathematically is infinitely greater than zero. Can we next satisfy ourselves that it is physiologically above the threshold? The answer to this is given in the statement that probably every reader of this article has personal knowledge of individual cases, in which this factor operated to eliminate potential medical students just as completely as do the various examinations. The next question is to determine, if possible, the threshold for the main group, in this case the Canadian population. So far I have not been able to find any numerical expression for this quantity until we reach the 18th year. We are therefore in the position of having to commence with the 18th year, with the qualification that some definite but at present unknown quantity must later be added to

cover the periods between 16 and 18 years. At the age of 18 a boy may begin as a postal clerk at a salary of \$1,080.00 per annum.

Why have we chosen the postal clerk's salary for our base line? Because it does actually represent a very conservative threshold value for Canada. How conservative will appear at some later date. In searching for this minimal value our first thought was to use the mean yearly income of the unskilled day labourer. The inadequency of this was apparent when it was appreciated that this group was heavily seeded with the biologically and socially unfit. Also it was apparent that it was neither biologically possible nor socially desirable to build up an economic condition which would countenance a similar personnel for the medical profession. It was then thought that the sequence of events through apprenticeship, to skilled artisan, to foreman and superintendent, etc., would be suitable. Here again the comparison was found to be inadequate, in that the type of self selection present in this group as contrasted with the medical group was so very different. The future presented to such a boy is almost purely financial and competitive. The financial rewards are practically limitless. The pleasures in the work are of very secondary considerations. On the other hand it is the apparent lack of severe financial competition in the moderate ranges that attracts some of the best type of individuals into the medical profession. It was then realized that the career of the postal clerk offered a very real threshold at a lower level and that it might be possible to predict from this threshold the true threshold for the medical profession. The postal system is a community service, and in the main gives a high degree of satisfaction both as to quality and cost. The pay itself is based on many years (generations) of experience and it is probably now just adequate to draw a sufficient personnel from the industries. Though it offers no great rewards, it does offer stability; reduces competition to a minimum, especially in the middle ranges; responsibility is minimal (in this differing markedly from medicine); and there is much freedom as to the intensity with which the individual applies himself. It is probably true that the workers themselves would be found to question these ideas seriously, but just as in medicine it is the commonly accepted ideas that determine the choice rather than the actual conditions experienced. That is, the supply of new workers is determined by what the entrant thinks, not by what he later finds out for himself, and one of the objects of this study is to enable the persons who propose to finance the future supply to evaluate the various types of returns on his financial and emotional investments.

A great deal more could and probably should be given in the way of explanations as to why the postal clerk's pay has been chosen, but it is hoped that the above suggestions, along with the personal experiences of the individual physicians of Vancouver, will render our unit of measurement sufficiently acceptable to serve as a first approximation.

To sum up; medical economics the world over are in a serious position and the members of the medical profession are being forced at last to balance their books. It is suggested that the first essential is the adoption of a unit of measurement which can be carried throughout the various necessary manipulations. The second essential is to decide upon a point of departure from which we can commence our measurements. It is proposed to use the pay of the postal clerk as our unit of measurement. It is also proposed that the age of 18 be our present point of departure, when the postal clerk becomes eligible for a salary of \$1,080.00 per annum. Reasons are advanced for considering this pay one of the real and measurable quantities exchanged by the medical student for the training that he gets. It is pointed out that the list of the losses accepted by the student in reality represents a very high per-

centage of things on which the natural instincts set a high premium. In fact these losses belong to the very same category as the future hoped-for rewards.

RECENT MEDICO-LEGAL CASES

Cases affecting the medical profession have appeared of late in Law Reports of decided cases with unusual frequency. The following are particulars of cases in our Western Provinces appearing in the Reports of the last two or three months, and will probably be of interest:

- 1. Moore vs. Large. This was a case in the supreme Court of British Columbia, in which it was held that the failure of a surgeon to have an X-ray examination made, or at least to recommend its advisability, which examination would in all probability have disclosed the fact that the patient's shoulder was dislocated and not, as the surgeon diagnosed it, a mere strain, constituted a lack of that reasonable care which rendered him liable in damages. The doctor in this case, the trial being before a Judge without a Jury, had damages of \$2,347.50 and costs awarded against him. This case was appealed and has just been argued before the British Columbia Court of Appeal, which reserved judgment.
- 2. Allen vs. Froh. In this action the plaintiff, a medical practitioner, sued to recover for services rendered to the defendant's sister. The Trial Judge in the District Court in Saskatchewan gave judgment for the plaintiff for the full amount of the claim. From this judgment the defendant appealed, and the Saskatchewan Court of Appeal allowed the appeal with costs and set aside the judgment. In this case it was held that the law does not raise an implied promise on the part of a person who calls a physician to perform services for another, to pay for such services, unless the relation of such person to the person who is ill is such as to put him under obligation to provide medical attention for the patient, or unless the circumstances are such as to show an intention on his part to pay for the services rendered. Such obligation does not arise from the relationship of brother and sister.
- 3. Matheson vs. Smiley. This was an appeal by the defendant from a judgment of the Judge of the County Court of Brandon which allowed the plaintiff's claim for professional services for an operation upon one John J. Smiley, the defendant being the executrix of the deceased. The appeal was dismissed by the Manitoba Court of Appeal with costs. In this case the plaintiff, a surgeon, sued to recover from an executrix his fees for operating on the testator. The latter had been found in his home in a very serious condition as the result of a wound from a shot gun, which had apparently been discharged by his own hand. The defendant was not dead, but two friends who were in the house called in a doctor immediately after making the discovery. The doctor, considering the case to be a surgical one, brought in the plaintiff. The wounded man said something to the plaintiff, but the Court found that he was in such a condition that no words of his could be construed as a request for the plaintiff's services or as an acquiescence in their being rendered on a contractual basis. Section 63 of The Medical Act, which provides that every person registered thereunder shall be entitled to sue to recover reasonable charges for professional aid, was held not to give by itself a cause of action in the absence of even the ordinary requisites of an enforceable contract or some legal obligation on someone to pay, and therefore the question was whether under the circumstances the defendant as executrix was under that obligation. It was held that the plaintiff was entitled to recover and that it could not be said that the Trial Judge was wrong in finding on the evidence before him that the amount of the fee sued for was not unreasonable.

Manitoba Medical History

By Ross MITCHELL

Lieutenant-Governor Schultz on Seven Oaks

The Seven Oaks monument which stands on the east side of Main Street just beyond the northern boundary of the City of Winnipeg, and hard by the property of Sheriff Colin Inkster, was unveiled on June 19, 1891. In 1890 the Countess of Selkirk, widow of the last Earl of Selkirk who was the son of the founder of the colony, had visited Winnipeg and offered to erect, under the auspices of the Historical Society, a monument to commemorate the clash at Seven Oaks in 1816. This generous offer was gladly accepted and a site was given by Miss Inkster, sister of Sheriff Inkster, for the purpose. A notable assembly of old settlers of the vicinity and citizens of Winnipeg were present at the unveiling. Mr. John MacBeth, president of the Historical Society, spoke first, then Mr. C. N. Bell, corresponding secretary, read a brief sketch of the events commemorated by the monument. The Lieutenant-Governor, Dr. J. C. Shultz, then was asked to address the assembly and unveil the monument. In part he said:

"I have been requested by the President and Council of this Society, on the anniversary of the event, to unveil the monument which commemorates it: and while there may be differences of opinion as to the causes which led to the combat and loss of life these stones record, yet everyone present who is familiar with the early history of this country will agree with me that, even apart entirely from these events, this monument stands upon historic ground, and the Society, in determining the site to mark the battle of Seven Oaks, which extended from the grove which gave it its name to near Fort Douglas, was wise. I think, in placing it near this great highway, which traversing as it does this province from north to south and east to west is but the enlargement of the trail which connected the great northern waters and woods, the home of the Chippewyan and Cree, with the vast prairies of the south and west, where dwelt, differing in language only, the divisions of that great and warlike nation, the Dakotahs. I have said that this road, whether as Indian trail or King's highway, in old or more recent times, is indeed historic. Over it, in the dim past which antedates even Indian tradition, must have passed those aboriginal inhabitants whose interesting, sepulchral remains near St. Andrew's Rapids and elsewhere, excite wonder and stimulate conjecture, and shew them to have been a race superior in many respects to those which succeeded them. Over this road and near this spot must have passed the war parties of the Assiniboines in their futile effort to oppose with arrow, tomahawk, and spear, the invading northern and eastern Cree, who had doubtless when similarly armed envied in vain the warlike "Stony" his possession of what was later known as the Image and White Horse Plains, with their countless herds of Bison; and when the earlier possession of fire-arms gave the Cree the ascendancy he sought and that dread scourge, the small-pox, had thinned the Assiniboine ranks, it must have been along this great trail they retreated towards the blue hills of Brandon and to the upper waters of the river which still bears their name. La Verandrye, the first white man who looked on this fair land, must have seen this spot and passed by this trail, and while it was yet a bridle path or cart track, and long before it was known, as it afterwards became, the King's Highway, men who were great in their day and generation and are deservedly still remembered for their important discoveries and their administrative abilities have trodden the path which lies at our feet. Over

it has passed discoverer, courier, missionary, Arctic voyager, chief, warrior, and medicineman, governor, factor, judge, councillor and commander; along it have been carried wampum and tomahawk, message of peace and war. It has heard the rumble of artillery and the steady march of the Sixth of the Line, the Royal Canadian and 60th Rifles; and along its course the hardpressed founders of the Selkirk Settlement alternately struggled southwards in search of food and hurried northward for safety with steps of fear. Over it have travelled the pioneer priests, minister and bishops of the Roman Catholic, Anglican, Presbyterian and Weslevan churches. The governors of the Hudson's Bay Company have, as well as the lieutenants of the governors of the Dominion of Canada, all passed this way. Truly this is an historic place; and from the spot where I now stand could once have been seen nearly all of the old historic strongholds of the Hudson's Bay, the Northwest, and the X Y Companies. From it may still be seen places made memorable by the good works of the Rev. Mr. West, Bishops Anderson and Provencher, the Rev. John Black, and other devoted men; within view are the residences of Hon. John Inkster, the father of our worthy sheriff, a member of the old Council of Assiniboia, and that of my brave and valued old friend, Hon. Robert MacBeth, also a member, and the father of the President of our Historical Society, whose instincts of hospitality were not to be thwarted by the knowledge that confiscation and worse might follow his shelter of a hard-hunted friend; and I see all around me here worthy children of such worthy sires, the descendants of those pioneer Selkirk settlers whose tale of sorrow, suffering and danger always evokes sympathy and wonder. Mr. President, we are, if I mistake not, near the place where the first plow turned the first furrow—presage of peace, plenty and prosperity —on the eastern verge of that vast prairie which extends to the Rocky Mountains; and having suitably marked the scene of battle, let us bury with the foundations of this monument the feuds, jealousies and strifes of the past which it recalls, and remembering that English and Irish, Scandinavian, German and the descendants of the gallant Gauls and Gaels, as well as those of mixed blood, who have figured so prominently in the annals of this country, are now, by the mandate of our Queen, of one country and one people; and while still heirs of the unsullied patriotism and the invincible courage of our colonial and provincial ancestry, and proud of the herioic past, wherein English yied with French in the defence of their common country, we are Canadians all, from the Atlantic to the Pacific, and we may look forward with that hope which is justified by the immensity and value of our resources, by the law-abiding, moral and religious character of our people. If we be true to our God and ourselves in the great trust He has imposed upon us, endeavoring to avoid those strifes of race and creed which it was a great part of the life work of the great Canadian who now, amid the sorrow of the nation, sleeps with his fathers at Cataragui, to reconcile, we may be the builders of a nation forming part of an empire greater than any the world has yet seen; and upon this continent to be a Canadian citizen may be even a prouder boast than was that of the citizen of an ancient empire, less great than is ours now, "Civis Romanus sum." Mr. President, I have spoken too long and will now proceed to execute the duty with which your council has entrusted to me; and in the name of the contributors to this memorial, in the name of the president, officers and members of the Historical Society of Manitoba, I unveil this monument, which marks the scene of the battle of Seven Oaks, in the hope that when these rocks are seen from the historic path near which it is placed, and from the railway which passes close by, types in themselves of the change from the old to the new, it will be remem-

MANITOBA MEDICAL HISTORY - Continued

bered that as nature has clothed with verdure this spot, once wet with blood. so should we, except as matters of historic interest and record, clothe with forgetfulness all animosities, jealousies, bitternesses and strifes, and turning to the fair prospects before us as an united people and nation, thank Almighty God that the sad past is indeed past, and implore His blessing upon our efforts for a brighter future."

Other speakers were Rev. Canon (later Archbishop) Matheson, United States Consul Taylor, Judge (later Chief Justice) Dubuc, Col. Villiers and Col. Howard.

Twenty-Five Years Ago-April 8, 1907

Dr. William Henry Drummond, famous Canadian poet, author of the "Habitant" poems, who had been affectionately called the Longfellow of Canada, passed away in Montreal.—Manitoba Free Press.

Forty Years Ago-April 19, 1892

E. W. Montgomery, who had passed his final year in medicine at the recent examination of the Manitoba Medical College, left for St. Paul, where he was to have charge for several months of a practice during the absence of a physician.—Manitoba Free Press.

THE YOUNG DOCTORS SCORE

Lord Knutsford, Chairman of the Board of Governors of The London Hospital, tells this story in his book, "In Black and White."

"We are particular at The London about the Christmas festivities, and all the little plays, songs, words and performances to be given by the residents and students in the hospital are strictly censored. Mistletoe and the custom so intimately connected with that fungus growth are frowned upon. Well, as I came out of the Committee-room whom should I meet but that same ruffian who wished to comfort Jerusalem. On each shoulder he had a large branch of mistletoe forming an arch over his ugly face, and in his buttonhole a great aggressive bunch of holly. In a moment I was the complete Chairman —I felt I had got him, as he stood there the picture of surprised innocence. He even had the audacity to adopt a *caught* look, when he saw me (bless him!)

"What is this?" I demanded.

"What is what, sir?"

"That — stuff," I replied severely.
"Oh, that, sir? This," he touched the mistletoe lovingly, "this represents Free Trade, sir. And the other," looking down his nose in disgust at the holly, "that's for Protection, sir."

Then he bolted and I know that the R.R. ruffians considered that they

were two up."

GOLF, AND INFANT FEEDING

It is possible to play over the entire course with a single club and bring in a fair score. But playing with only one club is a handicap. The best scores are made when the player carefully studies each shot, determining in advance how he is going to make it, then selects from his bag the particular club best adapted to execute

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—Advt.

On Oral Examinations

By AN EXAMINER

As the two of us walked down the corridor together, the victims were being herded into the large room on the South side where they were to be imprisoned until each one had been called to face the trial by ordeal. It was a room in which we had both waited on a similar occasion years before. As we walked along, one could not help noting the great variation in the reaction of the different students to the situation. Some were openly and obviously defining the fates to do their worst. A few were quietly confident. One or two were apparently in a condition which could only be described as surgical shock in an ambulatory form — if such a thing were possible. The greater number were apprehensive but trying with various degrees of success to pull themselves together. It occurred to one's mind that, with all our boast of the gradual exclusion of cruelties from our modern civilization, here was one form of torture that had survived through all the ages. Further, it seemed to be a rather clumsy and inaccurate system. The fate of these men was to be decided as the result of a jumble of several factors such as the extent of their knowledge, their ability to stand cross-examination, the common sense of the examiners, and also whether or not the examiners' breakfast coffee had been properly prepared. In some cases the final decision would really be actually made by a cook.

We were finally ushered into the examining room. There was a table close to the window, with a chair at either end for the examiners and one at the side, opposite the window, for the candidate. One had never been paired with the confrère of this day's work, so a few moments were spent in making sure that we agreed on the general principles of the procedure.

The first candidate was brought in. Like all conspirators, we started by being very pleasant to our victim. He was asked to sit down and one of us made some vacuous remarks about examinations in general, and since this effort was intended to be amusing, the poor fellow knew that he had to show his appreciation and did so with a nervous laugh. We two examiners went through the process of deciding who would have the first chance at the victim, and by means of an "after you, Sir" attitude one managed to send the other man into action first. He asked a few ordinary straightforward questions which the candidate answered quite well. After it was over, one merely confirmed the opinion already formed that the lad knew his work quite well and was a sensible sort of person. There was no room for doubt about this case. Several others appeared who were of average good quality. Then there hove into sight the intellectual giant of the class. He answered the routine questions with ease. The other examiner then apparently decided that it was time to give him a heave and so asked him an unusual question. The candidate was taken off his guard and floundered for a bit. We waited in silence. In the meantime, a fly — a big, fat, opulent looking chap — buzzed up and down between the window panes. Two boys were chasing each other in the yard across the road, and a little girl was skipping on the footpath under the window. During the interval of waiting, one was considering what really was the proper answer to the question and had decided on a suitable one when suddenly the other examiner explained the answer that he required. Then one silently and fervently thanked the gods that he was not the candidate. Who in the name of the devil would ever think that such an answer would be expected!! After this, one felt that the questions for this lad should be limited to strictly orthodox subjects, with the result that he regained his prestige.

There followed an interval for a rest, during which the colleague expressed his surprise at the fact that the last man had not answered the unusual question correctly. One tried as diplomatically as possible to suggest that it was not the question that was unusual but rather the expected answer that was extraordinary. This, however, was not a man to understand subtleties.

The next man to come into the room was a trifle nervous. On this occasion we reversed our previous procedure, and so one started the inquisition. Beginning with simple questions, he was nursed along until he gained some confidence and he managed to do quite well. Finally, when the last question was asked, he seemed to suddenly go into a condition resembling malarial ague. After a few moments he recovered a bit, but he still hesitated, spluttered, shuffled his feet about, and went alternately red, yellow and green like a traffic signal, and apparently was unable to speak. In order to get him out of the difficulty, he was given another question, but although he answered this one quite well he never seemed to completely regain his equilibrium. After the other examiner was through and the man had departed, he asked me point blank what the devil had been meant by the question. Apparently one had blundered into the same error as he had with the previous candidate.

And so it went on down through the list. The brilliant ones, the steady ones, the bluffers, and the plain useless ones, came and went. And the boys now joined by a dog continued their game, the little girl still skipped merrily under the window, and the big fat fly buzzed tirelessly between the window panes.

After the last candidate had been examined and the reports had been properly totalled up and signed, we finally walked back down the corridor again. At this point one thought of the remark of our old friend, the long, lean New Zealander as he leaned up against the bar of the well-known pub after an unsuccessful encounter with two examiners. As he paused in his endeavors to dilute his sorrows with some of Mr. Haig's famous product, he suddenly remarked, "Damn me! I should like to see those two fellows examining each other. The B....s would both be ploughed!"

MEDICO-LEGAL

Duty of Surgeons to Advise re. Operations

The case Kenny vs. Lockwood, was reported in the June, 1931, *Bulletin*. The trial judge found in favour of the plaintiff and awarded damages of \$3000 against the defendants, Lockwood Clinic Hospital, Dr. Lockwood and Dr. Stoddart. From this verdict the defendants appealed to the Appellate Division of the Supreme Court of Ontario, where the decision was reversed.

The plaintiff, residing in Port Arthur, while on a visit to Toronto, consulted Dr. Lockwood regarding a lump on the palm of her hand. Dr. Lockwood referred her to Dr. Stoddart who is associated with him in the Lockwood Clinic. Dr. Stoddart diagnosed the condition as Dupuytren's contraction of the palmar fascia and advised immediate operation. It is alleged that Dr. Stoddart stated that the operation was not a serious one. The operation was performed but the result was not satisfactory. In bringing action the plaintiff claimed that the surgeon failed to disclose fully the nature and the possible effects of the operation.

In his judgment, Hodgins, J.S., declared in part—"The relationship between the defendant Stoddart and the plaintiff was that of surgeon and patient, and as such the duty cast upon the surgeon was to deal honestly with

the patient as to the necessity, character and importance of the operation and its probable consequences and whether success might reasonably be expected to ameliorate or remove the trouble, but that such duty does not extend to warning the patient of the dangers incident to, or possible in, any operation, nor to details calculated to frighten or distress the patient."

Fisher, J. A. declaring in part — "It is quite conceivable that one surgeon might point out both sides of the question and give the patient the opportunity of electing, while another surgeon, equally careful and skilful, would not think it advisable to point out all the possibilities and probabilities and the serious consequences incidental to an operation, and to hold that if a physician or surgeon did not do so was a breach of duty would, in my opinion, be imposing upon them an unwarranted responsibility not justified by any decided authority that I have been able to find."

"My conclusion is that the defendants Dr. Lockwood and Dr. Stoddart's failure to point out the risks of an immediate operation, the risks of delaying the operation and the risks of not operating when in their honest opinion to delay the operation might involve certain risks was not a breach of duty.

Magee, J. A. (dissenting in part) — "The plaintiff is very positive as to the assurances which were given to her by Dr. Stoddart of the success of the proposed operation and the absence of warning of the possibility of untoward results. The learned trial Judge saw her and the defendants and the other witnesses, and I do not feel justified in disturbing his findings in these respects, and for the reasons he has given, the plaintiff should on his finding of fact, recover from some of the defendants."

"I do not think sufficient allowance has been made for the fact that, after all, the plaintiff has only been deprived of a chance of a chance. If the doctor had told her all that she alleges he should have told her of the probabilities of success or failure or rather what the medical evidence shews these probabilities to be as against the dangers of abstaining from an operation, it is by no means clear that she would not have taken the chance of an operation. And then there is to be considered the chance that the lump which caused her anxiety, might have developed into, or might, at an early date, have caused as much inconvenience to her hand and arm as she now suffers from. In my view a sum of \$1,500.00 would be a liberal estimate of the damage from the loss of chances. There is no evidence of want of skill on the part of Dr. Stoddart, and it is in fact part of the plaintiff's case that the operation is frequently unsuccessful at the hands of the most skilful surgeons."

OBITUARY

Dr. George F. Seaborn, known to many Manitoba doctors as the travelling representative of the publishing firm of the MacMillan Company of Canada, died at London, Ontario, on April 3rd. During the war he was attached to Shorneliffe Military Hospital and the A.D.M.S. Staff, London, England.

Dr. John A. Macdonald, who practised at Brandon from 1884 till 1909, died on April 28th at Vancouver, at the age of 69. He was born at St. Catharines, Ontario, and attended Trinity College, Toronto, where he received his degree in medicine. Later on he undertook postgraduate work at Edinburgh. While at Brandon, Dr. Macdonald divided his time between an extensive practice and the affairs of the Manitoba Department of Health. After leaving Brandon he practised in Vancouver up to the time of his death. Dr. Macdonald was held in the highest esteem by those who were fortunate enough to have his acquaintance.

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Department of Health and Public Welfare

The following is an article taken from a publication published by the Department of Health of the State of New Jersey, which we thought might prove at least interesting reading:

MARK TIME

"Von't you gentlemens have cigar, bottle soda or nothings? No? Vell,

I hope everything is O.K. in my place."

Ben Hustler was about to step into his car in which Mark Time had just seated himself. Now he turned to the swarthy newcomer to the community who had addressed him. "There are some things about your roadside stand that we want the Board of Health to consider," said Ben distinctly. "You will get a letter about them later. Meanwhile you finish the toilet and make it tight, as I told you, and dig a cesspool for the sink drainage."

"Yes, sir! Yes, sir! I do that right away. Goodbye, gentlemens; come

again."

Ben seated himself and with the swift motions of a skilled driver, sped the car up the road and around a curve with smooth acceleration. Then he turned to his companion. "Now, Mr. Inspector Mark Time, what do you think of this new — ah — public health problem that has come to town?"

Mark spoke deliberately. "The stand was well built and looked clean.

That girl was clean but the man himself looked dirty."

"So he did but he was doing dirty work, grading around the place," cautioned Hustler. "Better take a look at him when he is waiting on customers. If he's dirty then, it's black mark number one."

"The privy doesn't comply with the State Sanitary Code, does it?" Mark

reflected.

"Not as it is. If he makes the vault fly-tight and puts covers on the seats, as he says he will, it should pass. But if he doesn't, you can imagine what a mess that place will be in a few months. We'll make that point number two."

"The well on that property used to be a good one when the Nevins lived there, before the buildings burned down. Think we ought to get the

water tested?" asked Mr. Time.

"May be so," Hustler assented. "But remember that these smallstand owners do not like to give water to drink, if they can help it. They want to sell soft drinks to thirsty travellers. However, even if the well water will be used mostly for washing dishes and their hands, it ought to be safe. That's point number three."

"There'll be flies around such a place this summer, crawling over

everything they can get on." Mark continued.

"Point number four", recorded Ben. "Bread for sandwiches, pastry and all food that isn't wrapped should be kept in a case, away from flies."

The main corner of Piketown was now in sight and in a few moments the car came to a stop on the floor of Hustler's Garage. Mark made no effort to leave his seat, however. "Was there an ice box? I forgot to look" he asked.

"Yes, there was a small one under the counter, near the ice cream cabinet, but if he doesn't keep more ice in it, the meat will spoil."

"How are we going to regulate roadside stands, anyway?" Mr. Time

suddenly demanded. "The Board of Health has no ordinances."

"Atta boy! Now you're getting down to business," responded Ben, slapping his comrade on the knee. "Let's see. There's the State Sanitary Code; it deals with the privy and water problems, right in the first chapter."

"Anything in it about dirty hands?" questioned the older man.

"I don't think so," Hustler replied cautiously, "but the Sanitary Act (Chapter 231 of the Laws of 1909) takes care of that. You must have clean hands, clean clothes, a clean building and a lot more to get by that law. Here's another thing. Don't forget that competition works with us and enforces itself. The clean, well managed stand gradually gets the business and forces the owners of poorer ones to improve or quit."

A new thought came to Mr. Time. "Say, Ben, why didn't you talk to that feller — what's-his-name — about all these things? You saw plenty

but said mighty little."

"Three reasons," replied the former clerk of the Board of Health. "The Board ought to give the orders under a township set-up like ours. Besides, it's just as well not to say too much when you're inspecting a place. The less you talk, the more the other man may."

"He talked plenty, didn't he? agreed Mark.

"The third reason is a big one," continued Ben Hustler. "Unless you're an old hand at making inspections, it's a good idea to go home and think some things over before you require changes. It stops snap judgment and gives you time to consider what is important and reasonable and what the law requires."

"There's something to that," Mr. Time agreed. "I might have bungled

the job by saying too much if I'd been alone."

Honk! Honk! signalled a driver waiting beside the gas pumps. Ben Hustler was out of the car in a jiffy. "You do that, Mark," he called back as he walked toward the door. "Write a report and recommendations and see me before the Board meeting. We'll try to have that stand safe at least."

Continuing the reporting of our Annual Report for the Department of Health and Public Welfare, we will quote part of the report of the

DIVISION OF FOOD CONTROL

Re. Milk Pasteurization: The commercial pasteurization of milk is now carried on in St. Boniface, Portage la Prairie, Brandon, St. George and The Pas. The plant at St. George is situated near the town of Pine Falls where the pasteurized milk is distributed. Pasteurized milk at The Pas is derived from a single dairy herd which is tuberculin tested. The product is sold in The Pas and Flin Flon.

While it is impossible for obvious reasons to bring about the pasteurization of all public milk supplies, it is highly desirable that this important safeguarding process should be extended as rapidly as possible where the commercial pasteurization of milk is practicable. An outbreak of septic sore throat and scarlet fever occurring in Dauphin last summer could have been prevented by the effective pasteurization of the town's milk supply. The use of pasteurized milk is increasing as the general public learn more about the pasteurizing process and the protection to health which pasteurization gives.

Sanatorium Milk Supply: The milk and cream supply for Manitoba Sanatorium comes from dairy farms situated within a radius of three miles from Ninette. It is derived from tuberculin tested cows, is handled in a cleanly and sanitary manner, delivered to the Sanatorium each morning and pasteurized as soon as possible after arrival.

Hospital Milk Supplies: It is particularly important that the milk supply for hospitals, the inmates of which are in delicate health, should be of first quality in every respect. That is, it should be derived from tuberculin tested cows, be fresh and clean, and be properly pasteurized. In securing a supply that will measure up to these requirements it is desirable, where possible, that the entire supply be procured from one dairy farm. This will not only make

supervision and control less difficult but will make it possible for the dairyman who is assured of a more or less dependable and permanent market for his product, to put in approved and up-to-date equipment for the sanitary handling of milk, and will encourage him to make the painstaking effort that is necessary to procure a clean and wholesome product. May we suggest that this feature of hospital administration be brought to the attention of Hospital Boards throughout the Province, to the end that a co-operative effort may be made to effectively safeguard the milk supply of these Institutions."

DIVISION OF SANITATION

The following table shows what has been done in the general routine of sanitary inspection and the abatement of nuisances:

Routine Inspections		Abatement of Nuisances	
Complaints received, investigated	161	Overcrowding	20
Water supplies (sources, treat-		Cellars (defective construction)	11
ment, and distribution)	337	Lack of natural light and ventila-	
Sewerage systems and sewage		tion	148
treatment plants	35	Defective privies	354
Disposal of sewage effluents (pollu-		Garbage receptacles	199
tion of rivers, lakes, etc.)	2	Wells (defective construction)	41
Conservancy systems (privies, scav-		Defective plumbing	38
enging, etc.)	812	Cesspools	4
Waste Disposal grounds	19	Lanes, yards and areas	188
Storage of garbage, manure and		Stagnant water	4
refuse	387	Insanitary stables	12
Dwellings	383	Food improperly stored	25
Lodging houses	58	Disposal of dead animals	4
Hotels		Disposal of manure	
Pool Rooms	45	Vermin	5
Laundries	26	Waste disposal grounds	3
Bakeries		-	
Cafes		Total1	,158
Cookhouses		Water samples submitted for an-	
Public bath houses		alysis	374
Schools		Cases reported for prosecution	
Construction camps		cases reported for prosecution	-
Tourist camps			
Stables			
Yards and areas	263		
Total	2,733		

Plumbing: For the purpose of improving the general standard of plumbing and drainage, regulations were enacted during the year. While the larger cities and towns with sewerage systems have been for many years enforcing plumbing regulations it has been apparent for some time that the rural portion of the province was not so well protected. Owing to the departure from lead, which required the services of a qualified craftsman, iron pipe is used to a great extent, which can be handled by anyone so inclined. The handyman has installed many plumbing systems, which in quite a few instances have not been satisfactory. Contrary to public opinion plumbing is an important branch of sanitary work and demands considerable knowledge, gained only through years of experience.

Under the regulations, permits are required and the installations are inspected. This is a protection to the owner of premises, who is assured of a satisfactory job. Further, systems have now been reduced to a minimum requirement, in each particular installation, which is an important and economic factor. This branch has increased the work considerably, but we were able to attend to the demand for inspection. Two installations were altered to comply with the regulations, three permits were granted and fifteen

inspections made. In the smaller towns where no plumbing inspector is appointed the Department is obliged to check up on any work being installed.

Tourist Camps: Minimum requirements for tourist camps were prepared during the early spring and copies mailed to all Medical Health Officers. This was an effort to raise the general standard of camps, paying special attention to the water supplies and sanitary accommodation. There was a certain measure of success in that eight *certificates of approval* were granted.

Practically all of the camp owners expressed a desire to obtain a certificate and carried out certain improvements which brought their respective premises up to standard. In several instances it was impossible to grant certificates owing to the water supplies being unsatisfactory, due mainly to defective well construction and consequent contamination. Inferior closet accommodation on the other hand was equally responsible for the refusal of a certificate.

The requirements are based entirely on simple principles, demanding only—a clean water supply, clean surroundings and equipment, and freedom from flies. These can be attained easily by a little attention to essential details and a little expense. Now that a start has been made in this direction we hope to build up a series of approved tourist camps in the province which will relieve a good deal of apprehension amongst the tourist class.

Typhoid Fever: This disease is altogether too prevalent. Infection, due to carriers is hard to prevent, but improved conditions in sanitation, such as pure water supplies, adequate fly proof privies and education in personal cleanliness, especially in the rural districts will reduce the number of cases to a minimum. Proper sanitary supervision is entirely lacking and it is surprising that typhoid is not more prevalent when one considers the multitude of conditions which are factors in the propagation of the disease. In one small town free from typhoid for many years, fourteen cases occurred. The four original cases probably were caused by milk. The ten cases which followed were essentially due to fly borne infection, and several of them occurred within a small area on adjoining streets.

Investigations showed the usual insanitary conditions, defective privies and contents exposed to flies, accumulations of manure—increasing fly breeding, lack of fly screening, dwellings infected with large numbers of flies, milk pails exposed outside at small dairies, lack of proper disinfection of discharges from typhoid patients, and exposure of their bed clothing to flies.

The water supplies, after extensive sampling were found to be quite satisfactory, eliminating the theory of water borne infection.

New Sewage Treatment Plants: A septic tank, designed for a daily flow of 40,000 gallons, was installed at the Manitoba Sanatorium, Ninette, in order to replace the old plant which had passed its period of usefulness. The raw sewage and effluent are treated with chlorine (split chlorination) and the results are highly satisfactory, the plant being put in operation during November.

SANITATION IN NORTHERN MANITOBA

This portion of the Province, under constant sanitary supervision, continues to be relatively free from outbreaks of filth borne disease. The contributing factors are:—Compulsory inoculation against typhoid amongst all mine workers and employees on railway construction, Chlorination of water supplies, proper and adequate privy systems and regular scavenging service. There is also continual inspection and checking of other insanitary conditions, and an improvement in the natural light and ventilation of dwellings.

COMMUNICABLE DISEASES REPORTED

- April, 1932 Urban and Rural

Occurring in the Municipalities of:

Measles: Total 177-Stonewall 46, St. James 39, Winnipeg 28, Pembina 20, Manitou 16, St. Andrews 5, Portage Rural 4, Thompson 3, Westbourne 3, Birtle R. 2, Morris T. 2, Brandon 1, Ellice 1, Kildonan W. 1, Portage C. 1, Stuartburn 1, Tuxedo 1, Woodlands 1, Assiniboia 1, Springfield 1.

Mumps: Total 116—Winnipeg 25, Russell T. 17, Rockwood 16, Archie 10, Neepawa 9, Cartier 6, Transcona 5, Victoria 5, Boulton 4, Miniota 4, Brokenhead 2, Pipestone 2, Silver Creek 2, Souris 2, St. Vital 2, Albert 1, Fort Garry 1, Minitonas 1, St. Andrews 1, St. Rose 1.

Whooping Cough: Total 114—Winnipeg 50, Brandon 26, Grey 14, St. Boniface 7, Whitehead 5, St. Vital 4, Miniota 3, Roblin R. 2, Kildonan W. 1, Woodlea 1, Woodworth 1.

Scarlet Fever: Total 102—Eriksdale 23, Winnipeg 18, St. James 15, Birtle R. 13, Unorganized 11, Strathcona 3, Winkler 3, Dufferin 2, Portage City 2, St. Laurent 2, Fort Garry 1, Hanover 1, Kildonan East 1, Lawrence 1, Stanley 1, St. Vital 1, Thompson 1, Victoria 1, Wallace 1, Assiniboia 1.

Chickenpox: Total 70-Winnipeg 28, Louise 10, Birtle T. 9, St. Laurent 9, Pipestone 4, Dufferin 2, Arthur 1, Birtle R. 1, Brenda 1, Fort Garry 1, Oak Lake 1, Portage C. 1, Roblin R. 1, Woodworth 1.

German Measles: Total 46-Brandon 33, Eriksdale 6, Louise 3, Hamiota R. 2, Elton 1, Portage C. 1.

Tuberculosis: Total 34-Winnipeg 18, Selkirk 3, St. James 3, Brooklands 1, Cornwallis 1, Franklin 1, Grandview T. 1, Kildonan E. 1, Kildonan W. 1, Portage R. 1, Stanley 1, St. Andrews 1, Woodworth 1.

Trachoma: Total 28-Rhineland 8, Plum Coulee 7, Morden T. 4, Stanley 4, Winkler 3, Birtle T. 2.

Diphtheria: Total 22-Winnipeg 16, Ethelbert 1, Morton 1, St. Anne 1, St. Clement 1, St. Rose 1, Unorganized 1.

Erysipelas: Total 7—Winnipeg 3, Brandon 1, Cartier 1, Louise 1, Woodworth 1. Typhoid Fever: Total 6-Unorganized 2, Lansdowne 1, Portage 1, Rhineland 1, St. Andrews 1.

Cerebrospinal Meningitis: Total 4-Winnipeg 2, Eriksdale 1, St. Clements 1.

Puerperal Fever: Total 2-Grandview T. 1, Winnipeg 1.

Influenza: Total 1-Winnipeg 1. Smallpox: Total 1-Gray 1.

Septic Sore Throat: Total 1-Hanover 1.

DEATHS FROM ALL CAUSES IN MANITOBA for Month of March, 1932

URBAN

Cancer 34, Congenital 17, Tuberculosis 14, Pneumonia (all forms) 13, Diphtheria 3, Influenza 3, Puerperal 2, Typhoid Fever 1, Erysipelas 1, Stillbirths 21, all other causes 230. Total: 339.

RURAL

Pneumonia (all forms) 21, Congenital 21, Tuberculosis 19, Cancer 16, Stillbirths 13, Influenza 6, Cerebrospinal Meningitis 1, Diphtheria 1, Typhoid Fever 1, Lethargic Encephalitis 1, all other causes 149. Total: 249.

Tuberculosis 12, Congenital 10, Pneumonia (all forms) 4, Influenza 2, Cerebrospinal Meningitis 1, Puerperal 1, Whooping Cough 1, Cancer 1, Stillbirths 2, all other causes 3. Total: 37.

EIGHTH INTERNATIONAL

The VIIIth Conference of the International Union against Tuberculosis will be held at The Hague in September, 1932. Dr. David Stewart has been accepted as a co-reporter on the subject:—"After Care Schemes for the Tuberculous."

Manitoba Medical Association

Minutes of a Meeting of the Executive of the Manitoba Medical Association, held in the Assembly Hall of the Medical Arts Building on Thursday, May 12th, 1932, at 6.30 p.m. Present:

Dr. Ross Mitchell, CHAIRMAN Dr. W. G. Campbell Dr. F. W. Jackson Dr. J. D. Adamson Dr. F. G. McGuinness Dr. Geo. Clingan Dr. E. C. Barnes Dr. F. A. Benner Dr. G. P. Armstrong Dr. W. H. Secord Dr. H. O. McDiarmid Dr. D. C. Aikenhead Dr. A. F. Menzies Dr. E. K. Cunningham Dr. A. G. Meindl Dr. W. H. Clark Dr. J. S. McInnes Dr. G. S. Fahrni

Minutes of the last regular meeting held February 15th, 1932, and those of a special meeting held March 23rd, 1932, were read and approved.

Amendments to Municipal Act.

The Secretary advised that the amendments proposed to the Municipal Act had been passed, as follows:

His Majesty, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

- 1. Subsection (1) of section 580A of "The Municipal Act", being chapter 133 of the Revised Statutes of Manitoba, 1913, is amended by striking out the words "a majority" in the first line thereof and substituting therefor the words "at least three-fifths"; and by adding thereto the following subsections:
 - (7) If at the time of the first reading of a by-law engaging a physician there is a physician or physicians resident in the district described in the petition, the council or councils in submitting the proposed by-law to the vote of the ratepayers shall, on the ballot used at such voting, make provision for ascertaining the preference of the voters as to whether or not the resident physician, or if more than one, which resident physician, or any other physician whose name is submitted by the council, ought to be appointed if the by-law is approved.
 - (8) The terms of the contract between the council or councils and the physician so appointed shall be in writing, signed and sealed by the parties thereto, embodied in a standard form prepared by the Department of Health and Public Welfare. Every such contract to be valid and binding shall be approved by the Board of Health.
 - (9) If a by-law has been submitted to the vote of the ratepayers under this section, no further vote shall be taken prior to the expiration of three years after the taking of the last vote upon a by-law for such purpose.
- 2. This Act shall come into force on the day it is assented to.

Pension for Mrs. Bridgman.

The Secretary advised having received letter from the Social Welfare Commission of the City of Winnipeg under date of March 16th, stating that the pension paid to Dr. Morley C. Bridgman had been discontinued when he was sentenced to imprisonment, and that the family were now in want. Particulars of this had been sent to Dr. Ross Millar, Department of Pensions and National Health, Ottawa, and the matter had been referred to the British Ministry of Pensions. Following this, the pension had been restored to the extent of one-half the amount, or £31-10-0 per annum, payable to Mrs. Margaret Bridgman during the period of her husband's sentence.

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Manitoba Association of Graduate Nurses.

Dr. J. D. Adamson reported on the action taken by his Committee on the question of unemployed graduate nurses, advising that they had met the Executive of this Association. To meet the situation, certain recommendations had been suggested, which had been published in the April issue of the Manitoba Medical Bulletin. Dr. H. O. McDiarmid advised that in Regina they were endeavoring to cut down the number of pupil nurses and to employ more graduates. Dr. Ross Mitchell spoke of the present system of group nursing at the Winnipeg General Hospital.

Annual Meeting.

The Secretary advised that dates set for the Annual Meeting were September 8th, 9th and 10th.

It was moved by Dr. H. O. McDiarmid, seconded by Dr. G. P. Armstrong that the appointment of the necessary committees for the Annual Meeting, and the arrangements for same, be left with the Winnipeg members of the Executive.

—Carried.

The Secretary advised of the visiting speakers for the Annual Meeting, as follows:

- Dr. W. E. Gallie, Professor of Surgery, University of Toronto.
- Dr. F. R. Miller, Professor of Physiology, Western University Medical School, London.
- Dr. G. C. Hale, Professor of Medicine, Western University Medical School, London.
- Dr. W. B. Hendry, Professor of Obstetrics and Gynæcology, University of Toronto.
- Dr. W. A. Fansler, Assistant Professor of Surgery, University of Minnesota, Minneapolis.

It was suggested that a notice be published in the *Bulletin* asking that anyone having a paper which would be of interest to the profession, should notify the Secretary.

Representatives on C.M.A. Council.

Letter from Dr. Routley under date of April 12th was read, asking that alternates be appointed to take the places of Dr. E. C. Barnes and Dr. F. W. Jackson, who are unable to attend the Annual Meeting of the Canadian Medical Association in June. Dr. Adamson advised that he contemplated being in Toronto at that time, and the matter was left with him to name alternates and notify the Secretary of same.

Representative to Tourist Bureau.

Letter from the Tourist Bureau under date of April 4th was read, asking that a representative be appointed to their Associate Board of Directors for 1932. Dr. C. A. MacKenzie was re-appointed to this office.

Federal Control of Radio Broadcasting.

The Secretary reported that a letter had been sent to Dr. Routley on April 14th asking what action, if any, the Canadian Medical Association were taking with reference to this matter. Reply had been received, under date of May 7th, advising that the question had been fully discussed by their Executive committee at the meeting in Montreal, and that the C.M.A. were deferring action until the broadcasting policy for Canada had been decided.

Medical Fees for Certifying Mental Patients.

Letter from Dr. H. A. Gordon, Portage la Prairie, under date of April 28th, 1932, was read, also copy of letter written to Dr. Gordon by the Chief

Warning

Once again, may we take this opportunity of bringing to the notice of the medical profession the attempts which are being made to substitute imitations for the original Antiphlogistine.

Imitators who are trying to foist deceptive substitutes upon the market are trading upon the good name of the original preparation and upon the confidence that physicians have reposed in it.

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Antiphlogistine is Canadian-made.

Clerk and Accountant of the Attorney-General's Department, in which he returned accounts rendered by Dr. Gordon, refusing payment. Reference was made to previous correspondence, namely, a letter from Dr. E. S. Bolton, Brandon, under date of April 6th, 1931, in which he stated that no fee was paid by the Attorney-General's Department unless a patient was admitted by a magistrate. This communication had been turned over to the Legislative Committee and forwarded to the Hon. Mr. Major on June 8th, 1931, asking that the matter receive his early consideration. The Secretary advised that no reply had been received to this letter.

Discussion followed, and it was pointed out that the Department would pay only for examinations which were made at the request of a magistrate or constable. Cases where a physician attended mentally defective patients and required certificates from the psychiatrist, would not be considered, and it was the responsibility of the family for settlement of this fee. It was decided that full particulars be published in the *Manitoba Medical Bulletin* so that doctors throughout the province might have a clear understanding in such cases and in the proper procedure for obtaining their fees.

Birth Control.

A delegation consisting of Mrs. H. M. Speechly, Mrs. W. F. Osborne and Mrs. W. J. Lindal, representing a group of women interested in family welfare, attended the meeting to consult with the Executive for advice regarding the question of birth control in this province. They in turn addressed the meeting, giving their views on the matter and citing numerous cases and conditions of children born where parents were absolutely destitute and unable to care for them. They asked that, if possible, use be made of the medical and hospital facilities for what they thought to be a serious situation. The delegates were addressed by Drs. F. G. McGuinness, Ross Mitchell, A. F. Menzies and W. G. Campbell.

It was moved by Dr. J. S. McInnes, seconded by Dr. F. A. Benner that the President be authorized to name a committee to go fully into the matter of birth control in the Province of Manitoba, and that a report be brought back to this Executive.

—Carried.

It was pointed out that the Winnipeg Medical Society had already dealt with this matter, and that the committee might get in touch with them.

Correspondence.

Letter from the North-Western District Medical Society under date of May 5th was read, advising of the officers appointed for 1932, also resolution expressing their appreciation of the stand taken by the M.M.A. regarding the Strathclair situation.

Letter from the Southern District Medical Society under date of May 7th was read, advising that Dr. E. K. Cunningham had been appointed as their representative to the Executive of the M.M.A. for 1932.

Letter from Mr. Elswood Bole under date of May 5th was read, with reference to egg production and facilities for the care of poultry at Riverside Farm, Grande Pointe, Manitoba. This was ordered filed.

New Business.

Dr. McDiarmid addressed the meeting in connection with Eye Clinics travelling throughout the province. He advised that opticians were visiting different districts and charging exhorbitant fees and prescribing glasses for a large number of people. He thought that, if in some way the country doctors could be instructed in the ordinary refractions for glasses, this work could be done more satisfactorily and the patients would be charged a fair price. This matter was left to be considered.

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Current Medical Events

RE. ANNUAL MEETING

Preliminary arrangements are now under way for the Annual Meeting of the Association to be held September 8th, 9th and 10th, in Winnipeg. We are fortunate indeed to be able to report that the following will comprise the list of visiting speakers at this meeting:

DR. W. E. GALLIE,

Professor of Surgery, University of Toronto.

DR. F. R. MILLER,

Professor of Physiology, Western University Medical School, London.

DR. GEO. C. HALE,

Professor of Medicine, Western University Medical School, London.

DR. W. B. HENDRY,

Professor of Obstetrics and Gynæcology, University of Toronto.

DR. W. A. FANSLER,

Assistant Professor of Surgery, University of Minnesota.

Consulting Proctologist, Glen Lake Sanatorium, Minneapolis, Minn. We wish very much to supplement these papers by others from our own local men. We would therefore request that any physician who has a paper which might be of interest to the profession please notify the Secretary at

the earliest possible date.

* * * *

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May refer for further information to Dr. F. M. Turner, Toronto General Trusts Building, Smith and Portage, Winnipeg.

MEDICAL FEES FOR CERTIFYING MENTAL PATIENTS

Under the present legislation, the Attorney-General's Department is liable only for medical fees for examination of mental cases where a committal is made in such a case by a magistrate. The actual authority for an examination usually comes from the magistrate, the police force, or the provincial psychiatrist. When an examination is requested by the patient's friends or relatives, regardless of whether the patient is voluntarily admitted to an institution, it is held that the people requesting the examination are liable for the fees in connection with the examination.

This matter was discussed quite fully at the last Executive meeting of the Manitoba Medical Association. The consensus of opinion seemed to be that the physician, when asked to carry out such an examination by the relatives or friends of a patient, should make some agreement with them with reference to the payment of fees, as this is the only way in which he can be sure of collection.

CURRENT MEDICAL EVENTS - Continued

Dr. Cushing to Retire from Harvard

Dr. Harvey Cushing will retire September 1 as Moseley professor of surgery at Harvard University Medical School, a position he has held since 1911. At the same time, he will retire as surgeon-in-chief of Peter Bent Brigham Hospital. Dr. Cushing received the degree of doctor of medicine from Harvard in 1895. From 1902 until he was appointed at Harvard he was associate professor of surgery at Johns Hopkins University School of Medicine. During his career he has been the recipient of many honorary degrees from medical institutions throughout the world. In 1922, Dr. Cushing was awarded the Charles C. Mickle Fellowship of \$1,000 by the University of Toronto Faculty of Medicine. This prize is given to the member of the profession anywhere in the world considered by the faculty to have done most during the preceding ten years to advance sound knowledge of a practical kind in medical art or science. In 1923, Dr. Cushing was awarded the Distinguished Service Medal. He received the Lister Medal of the Royal College of Surgeons in 1929. In 1923, Dr. Cushing was president of the American College of Surgeons and the American Neurological Association, and in 1926 of the American Surgical Association. He is the author of many volumes. His book on "The Life of Sir William Osler" won the Pulitzer Prize in 1925. At the time of the report of his resignation, Dr. Cushing's future plans were not definite.

University of Toronto Faculty of Medicine

Jabez Henry Elliott has been appointed professor of the history of medicine to succeed John T. Fotheringham, who retired in June, 1931. For the past six years Dr. Elliott has been a special lecturer in medicine at the university.

On January 14, Dr. Henry Barton Jacobs presented to the Johns Hopkins University his collection of medical books, prints, medals, and letters. The collection is especially rich in volumes bearing upon tuberculosis and includes what is believed to be the world's only complete collection of the writings of Laënnec as well as all editions of the writings of Pasteur, Jenner, and Osler. Among the autographed letters appear the signatures of Koch, Lester, John Hunter, Jenner, Erasmus Darwin, Virchow, and Thomas Huxley. The print collection numbers three thousand items.

The collection is contained in a room, furnished by Dr. Jacobs, on the fourth floor of the Welch Medical Library. Its stained-glass windows commemorate Laënnec, Pasteur, Jenner, and Osler.—W. H. Westbrook.

Dr. T. A. Patrick of Yorkton, Sask., is writing reminiscences of his many years in practice. An advance copy of the first few chapters proves interesting reading, sparkling with an Irishman's delightful sense of humor. The Saskatchewan Medical Association has asked him to write a history of medicine of Saskatchewan and no one is better qualified to do it than Dr. Patrick.

The sixth annual Donald C. Balfour Lecture in surgery was delivered April 5, by Dr. Rudolph Matas, emeritus professor of surgery, Tulane University of Louisiana, New Orleans. His subject was "The Story of Post-operative Pulmonary Embolism, before and after Lister."

CURRENT MEDICAL EVENTS - Continued

The following are the officers of the North-Western District Medical Society for the year 1932:

> Vice-President Dr. J. R. Monteith, Virden Secretary-Treasurer......Dr. R. F. Yule, Kenton Representative to

M.M.A. Executive......Dr. Geo. Clingan, Virden

The Annual Meeting of the Minnesota State Medical Association will be held at St. Paul, Minn., commencing at 1.00 p.m. Monday, May 23rd, and lasting until Wednesday, May 25th. Full programme is available at the office of the Manitoba Medical Association, 102 Medical Arts Bldg., Winnipeg.

Dr. Hilding Berglund has resigned as professor of medicine in the University of Minnesota Medical School, effective June 30, 1933. He will spend the year beginning June 30, 1932, in absentia.

A scroll of recognition was recently presented to Dr. Velyien Ewart Henderson, professor of pharmacy and pharmacology by the International Anesthesia Research Society in appreciation of his work in anesthesia.

Dr. Bernard E. Read, of Peking Union Medical College, addressed the students and Faculty on Monday, May 2nd. Dr. Read is Professor of Pharmacology and the isolation of ephedrine is due to his efforts.

At a meeting of the Southern District Medical Society, Dr. E. K. Cunningham, of Carman, was appointed as representative of that Society to the M.M.A. Executive.

RECENT ACCESSIONS to MEDICAL LIBRARY Session 1931 - 32

East & Bain—Recent Advances in Cardiology; 2nd ed. London, Churchill, 1931. Evans, C. A. L.—Recent Advances in Physiology; 4th ed. London, Churchill, 1931. Fishberg, A. M.—Hypertension and Nephritis; 2nd ed. Philadelphia, Lea & Iebeger, 1931.

Findlay, L.—Rheumatic Infection in Childhood. London, Ed. Arnold & Co., 1931. Gossett, W. B.—What the Public should know about Childbirth. Minneapolis, The

Midwest Co., 1931. Gift Dr. R. B. Mitchell. Greig, D. M.—Clinical Observations on the Surgical Pathology of Bone. Edinburgh, Oliver & Boyd, 1931.

Gye & Purdy—Cause of Cancer. London, Churchill, 1931. Haldane, J. S.—The Philosophical Basis of Biology (University of Dublin Donnellan Lectures 1930). London, Hodder, 1931. Hartridge & Haynes—Histology for Medical Students; 1st ed. London, Oxford

Press, 1930.

Howell, W. H.—Physiology; 11th ed. Philadelphia, Saunders, 1930.

Manitoba Medical Assoc.—Index to Man. Medical Assoc. Bulletin; covering all issues up to and including issue of Nov. 1931. Nos. 1-124. Winnipeg, M.M.A. typed, 1931. Gift Manitoba Medical Assoc.

Peters & Van Slyke—Quantitative Clinical Chemistry; Volume 1: Interpretations.

Baltimore, Williams & Wilkins, 1931.
Piney, A.—Recent Advances in Hæmatology; 3rd ed. London, Churchill, 1931.

Addis & Oliver—The Renal Lesions in Bright's Disease. New York, Heber, 1931. Adler, A.—Problems of Neurosis; with a prefatory essay by F. G. Crookshank; ed. by Philippe Mairet. London, Kegan Paul, 1929.
Bailey, H.—Emergency Surgery; V. 2, Thorax, Spine, Head, Neck, Extremities, etc.
Bristol, Wright & Sons, 1931.

CURRENT MEDICAL EVENTS - Continued

Beaumont & Dodds-Recent Advances in Medicine; 6th ed. London, Churchill, 1931. Bennett, T. I.—The Practical Treatment of Diabetes. London, Constable, 1931.
Berkeley, C., Fairbairn, J. S., White, C.—eds. Midwifery; by Ten Teachers; 4th ed.
London, Edward Arnold & Co., 1931.
Brain & Strauss—Recent Advances in Neurology; 2nd ed. London, Churchill, 1931.
Buie, L. A.—Treatment of Hemorrhoids & Anal Pruritus. Philadelphia, Saunders,

1931.

Burn, J. H.—Recent Advances in Materia Medica. London, Churchill, 1932. Burrell, L. S. T.—Recent Advances in Pulmonary Tuberculosis; 2nd ed. London, Churchill, 1931.

Cameron, A. T.—Biochemistry; 3rd ed. London, Churchill, 1931.

Cameron, A. I.—Blochemistry; ord ed. London, Churchill, 1931.

Canniff, W.—The Medical Profession in Upper Canada, 1783-1850. Gift "Class 1926."

Toronto, Briggs, 1894.

Cheatle, Sir G. L.—Tumours of the Breast. London, E. Arnold & Co., 1931.

Pryde, J.—Recent Advances in Biochemistry; 3rd ed. London, Churchill, 1931.

Purves-Stewart, Sir J.—The Diagnosis of Nervous Diseases; 7th ed. London, Arnold, 1931. Rowntree & Snell—A Clinical Study of Addison's Disease (Mayo Clinic Monographs).

Philadelphia, Saunders, 1931.

Sachs, E.—Diagnosis and Treatment of Brain Tumors. London, Kimpton, 1931.

Still, G. F.—History of Pædiatrics; The Progress of the Study of Diseases of Children up to the End of the XVIIIth Century. Oxford, University Press, 1931. Thomson & Miles—Manual of Surgery; Vols. 2 & 3; 8th ed. London, Humphrey Milford, 1931.

Wright, S .- Applied Physiology; 4th ed. London, H. Milford, 1931.

* * * * * NEW PERIODICAL SUBSCRIPTION

Acta Brevia Neerlandica-Published by the Universities of Utrecht, Groningen & Amsterdam; Vol. 1. Amsterdam, Swets & Zeitlinger, 1931.

This new periodical is to be published monthly containing short original papers in either English, German or French, Should there be sufficient demand, the communications might appear "in extenso" in some of the existing periodicals at a later date. The Acta will also contain Abstracts of papers presented at the meetings of the recently formed Dutch Society of Physiology & Pharmacology, which are to be held once or twice a year.

PERSONALS

Dr. C. B. Stewart ('28) has left to do a year's postgraduate work in Edinburgh and London.

Dr. H. Shinbane ('24), who has been practising in Iowa, is moving to California to live.

Dr. W. Bond ('23) is visiting in Winnipeg.



CLINICAL MEETINGS

- At Brandon General Hospital— 2nd Wednesday at 12.30 p.m.
- At Brandon Hospital for Mental Diseases— Last Thursday. Supper at 6.30 p.m. Clinical Session at 7.30 p.m.
- At Children's Hospital—

 1st Wednesday.
 Luncheon at 12.30 noon.
 Ward Rounds 11.30 a.m. each Thursday.
- At Misericordia Hospital— 2nd Tuesday at 12.30 p.m.
- At St. Boniface Hospital—
 2nd and 4th Thursdays.
 Luncheon at 12.30. Meeting at 1.00 p.m.
 Ward Rounds 11.00 a.m. each Tuesday.
- At St. Joseph's Hospital—
 4th Tuesday.
 Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.
- At Victoria Hospital—
 4th Friday.
 Luncheon at 12.00. Meeting at 1.00 p.m.
- At Winnipeg General Hospital—

 1st and 3rd Thursdays.

 Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

 Ward Rounds 10.00 a.m. each Thursday.

 Pathological Conference at Medical College at 9.00 a.m.

 Saturday during college term.
- Winnipeg Medical Society—
 3rd Friday, Medical College, at 8.15 p.m.
 Session: September to May.
- Eye, Ear, Nose and Throat Section—
 1st Monday at 8.15 p.m., at 101 Medical Arts Building.

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